PART - I

GOVERNMENT OF KARNATAKA
(Drugs Control Department)
Board Of Examining Authority, No.2, P. Kalinga Rao Road, Bangalore-27.

APPLICATION FORM FOR D.PHARM PART- I EXAMINATION.

Sl. No._____ **Reg. No.** | |

Affix Passport size Photograph having candidates name & Correct Register No. Printed on it and duly attested by the college Principal

A Name of the candidate
(In Block letters as per SSLC Marks Card)

B Father's Name
(In Block letters as per SSLC Marks Card)

C. Details regarding Subjects *Passed* and *Appearing for the Examination*
(Mark _√_ for the subjects appearing for the Examination)

Particulars	Pharmaceutics -I	Pharma-ceutical Chemistry -I	Pharmacognosy	Bio Chemistry & Clinical Pathology	Human Anatomy & Physiology	Health Education & Community Pharmacy
Theory						
Practical						
Mention both month & Year of passing the Examination if already passed in the subject.						

D. Details regarding Address:

Present Address:	Permanent Address:

G. Other Details

Nationality | | Religion | | Caste | |

Date of Birth | | | | | | | | | Sex | M | F | Group | SC | ST | OBC | GM |

Signature of the Candidate.

H. Remarks regarding attendance by
Principal_____

Note: 1. Enclose attested 3 photos with Name & Reg. No. printed on it & a copy of **S.S.L.C. Marks card**.
2. Paste a copy of the Fees receipt on the backside of the application.

I Certify that Sl.No. A. B. C. D. have been filled properly & verified by me & is correct.

Signature of the Principal with Seal.